

Mental Health Transformation Council

MINUTES

November 24, 2008

NEXT MEETING: December 22 2:00 to 4:15 Stanley Hall 107

Present

Michael Hartman, Beth Tanzman, Judy Rosenstreich, David Gallagher, Jean New, Maureen Mayo, Frank Reed, Bill McMains, Trish Singer, David Fassler, Paul Dupre, Jill Olson, Anne Donahue, Jeff Rothenberg, Nick Emlen, Stuart Graves, Larry Lewack, Donna Jerry, Ron Smith, Conor Casey, Taryn Moran, Terry Rowe, Julie Tessler, Ken Liberto, Linda Corey, Kitty Gallagher, Ed Paquin, Norma Wasko, Tom Simpatico.

Participating in Today's Meeting

Vermont State Hospital
University of Vermont/Fletcher Allen Health Care
Vermont Protection and Advocacy
Washington County Mental Health
Vermont Council of Developmental and Mental Health Services
Adult State Program Standing Committee
Vermont Center for Independent Living
National Alliance on Mental Illness-Vermont
Vermont Association for Mental Health
Clara Martin Center
Vermont Association of Hospitals and Health Systems
Vermont State Employees Association
Vermont Psychiatric Survivors
Department of Mental Health
Department of Corrections
Advocates and Consumers
BISHCA

The meeting agenda focused on three topics: (1) status of the Vermont State Hospital's certification issues with the Center for Medicare and Medicaid Services (CMS); (2) the State's budget situation and its impact on programs; and (3) the proposed 15-bed secure recovery residence and the inpatient beds proposed for Rutland Regional Medical Center.

Status of Vermont State Hospital Certification

In response to the recent CMS denial of certification for Vermont State Hospital, DMH has instituted a plan of correction to address all of the findings in the review. These include the development of new policies, improvement of medical records practices, and architectural modifications to ceiling pipes, handrails and faucets in certain areas of the hospital. In addition, DMH has temporarily closed the Treatment Mall and moved these services to their previous locations in the Brooks Building. The remediation of the overhead pipes in the Treatment Mall area will take longer to address but we do plan to make these changes. In consultation with CMS, DMH will appeal the denial of certification and request a new review. The appeal process allows the application timeline to continue.

JOINT COMMISSION

DMH has reported the plan of correction for CMS to the Joint Commission (JC). JC accreditation is not directly affected by denial of CMS certification.

DEPARTMENT OF JUSTICE (DOJ)

Consistent with the settlement agreement, DOJ representatives will conduct on-site reviews of VSH twice a year for four years, ending July 2010. The report for the 5th monitoring visit, conducted in September, is expected to be issued soon. Based on the exit interview, there is steady improvement most areas and there are no longer *any* areas of noncompliance.

State's Budget Problem for FY 09 and FY 10

Michael Hartman briefed the Council on the depth of the State's financial problem over the next two years. The revenue shortfall is expected to be about \$60 million in the current fiscal year. AHS Secretary Rob Hofmann is analyzing different scenarios and it is probable that additional rescissions (aside from those made in August) will have to be made. In mental health, cuts around the margins have been made already, so additional reductions will impact services. Delay in making budget adjustments, as difficult as it is, would result in deeper reductions over a shorter period of time.

Comments and questions reflected the concerns of the mental health community: VSH has made a lot of progress but is still extremely fragile; prevent people from going into the hospital in the first place; use peer services for crisis intervention. Outpatient services can help prevent people from experiencing more severe forms of illness, and the potential role of federally qualified health centers was also discussed.

Michael asked the Council to think about whether there are possible changes in the services or in how they are delivered that could mitigate the impact of budget reductions. Could greater collaboration between substance use, mental health, and health allow us to spend money differently? Everyone was urged to submit suggestions for restructuring services to support people during this extended period of economic hard times.

Planning for 15-Bed Secure Recovery Residence and Inpatient Capacity at RRMC

Michael summarized the progress made in planning for the 15-bed residential program, informing the Council that we hope to gain legislative approval in the upcoming session. Negotiations with Rutland Regional Medical Center (RRMC) are progressing with focus on financing. Both initiatives could be at an advanced planning stage by the end of the legislative session.

The cost of creating the 15-bed secure recovery residence in a separate building from VSH, relative to short-term priorities in tight budgetary times, was raised as an issue for discussion. Michael stated that integration with VSH is not advisable for unless we separate acute from the non-acute population we will not be successful in helping either. He stressed that it would be a mistake to have the current financial situation influence a 20 to 50-year facility. Being able to move the folks who are in VSH and do not have a choice is long overdue.

The question was asked, if we create the 15-bed secure recovery residence and the staff secure 6-bed Meadowview program, would that enable us to close one floor of VSH? Michael concurred that this is the direction we plan to take.
(Please note attached addendum)

The meeting adjourned at 4:15 p.m.

NOTE: Michael invited everyone to send in their comments on where / how to achieve savings in the mental health budget.

SUBMITTED BY: Judy P. Rosenstreich
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